



RESTRUCTURING PAPER
ON A
PROPOSED PROJECT RESTRUCTURING
OF
AFCC2/RI- GREAT LAKES EMERGENCY SEXUAL AND GENDER BASED VIOLENCE & WOMEN'S HEALTH PROJECT
APPROVED ON JUNE 26, 2014
TO
DEMOCRATIC REPUBLIC OF CONGO
REPUBLIC OF BURUNDI
INTERNATIONAL CONFERENCE ON THE GREAT LAKES REGION
REPUBLIC OF RWANDA

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HEALTH, NUTRITION & POPULATION
AFRICA

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ABBREVIATIONS AND ACRONYMS

CEFEF	<i>Cellule d'Exécution des Financements en faveur des Etats fragiles</i>
DRC	Democratic Republic of Congo
FSRDC	<i>Fonds Social République Démocratique du Congo</i>
ICGLR	International Conference on the Great Lakes Region
KPI	Key Performance Indicators
MTR	Mid-Term Review
NGO	Non-Governmental Organizations
NHIS	National Health Information System
NICHE	Netherlands Initiative for Capacity Development in Higher Education
OSC	One-Stop Centers
PDO	Project Development Objectives
PEP	Post Exposure Prevention
RTF	Regional Training Facility
SGBV	Sexual and gender-based violence



BASIC DATA

Product Information

Project ID P147489	Financing Instrument Investment Project Financing
Original EA Category Partial Assessment (B)	Current EA Category Partial Assessment (B)
Approval Date 26-Jun-2014	Current Closing Date 31-Dec-2019

Organizations

Borrower Republic of Burundi, Democratic Republic of Congo, Republic of Rwanda	Responsible Agency CFEF Ministere des Finances (DRC), MOPH (DRC), Fonds Social de la République Démocratique du Congo (FSRDC) (DRC), Ministry of Human Right, Social Affairs and Gender (Burundi), Ministry of Public Health and Fight against AIDS (Burundi), Ministry of Gender and Family Promotion (MIGEPROF) (Rwanda)
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Project Development Objective (PDO)

Original PDO

The objectives of this project are to: (i) expand the provision of services to mitigate the short and medium term impact of sexual and gender based violence; and (ii) expand utilization of a package of health interventions targeted to poor and vulnerable females.

Summary Status of Financing

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net		
					Commitment	Disbursed	Undisbursed
IDA-55250	26-Jun-2014	06-Aug-2014	15-Dec-2014	28-Jun-2019	14.95	10.29	3.25
IDA-H9780	26-Jun-2014	29-Jul-2014	27-Oct-2014	31-Dec-2019	15.15	8.48	5.27
IDA-H9790	26-Jun-2014	06-Aug-2014	22-Sep-2014	30-Jun-2019	3.00	2.05	.68
IDA-H9800	26-Jun-2014	25-Jul-2014	23-Jan-2015	31-Dec-2019	73.86	58.58	8.44



Policy Waiver(s)

Does this restructuring trigger the need for any policy waiver(s)?

No

I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

The Great Lakes Emergency Sexual and Gender Based Violence & Women's Health Project was approved on June 26, 2014. The US\$107 million regional project covers Burundi (US\$15.15 million), Democratic Republic of Congo (DRC) (US\$73.86 million), Rwanda (US\$14.95 million) and the International Conference on the Great Lakes Region (ICGLR, US\$3 million). The objectives of the project are to: (i) expand the provision of services to mitigate the short and medium-term impact of sexual and gender-based violence (SGBV); and (ii) expand utilization of a package of health interventions targeted to poor and vulnerable females. The project components are: (1) holistic support for survivors of SGBV and violence prevention; (2) high impact health services; and (3) regional and national knowledge sharing, research and capacity building.

This is the first World Bank project to apply a multisectoral approach that simultaneously addresses prevention and response to SGBV. The sensitivity around SGBV programming in an insecure region has resulted in a high level of design complexity. These factors contributed to a slow start in all three countries, and the project experienced greater barriers than anticipated in identifying SGBV survivors within communities and linking them to health services in Burundi and DRC. The overall disbursement rate at the Mid-Term Review (MTR), which concluded in November 2017, was only 40 percent. At this time, the project was not on track to achieve its Project Development Objectives (PDOs). In January 2018, the project ratings were downgraded to Moderately Unsatisfactory. However, changes made in each country because of the MTR have had a positive impact on project coordination, disbursement, and progress towards most PDOs. As of March 2019, the overall disbursement rate for the project was 76 percent. The status per country and ICGLR is below.

Burundi

In Burundi, the project is managed by two ministries (Ministry of Public Health and Fight against AIDS and the Ministry of Human Right, Social Affairs and Gender). The two ministries had challenges in coordination at the start of the project, and meetings were not regularly held. The challenges delayed overall project implementation – the official project launch was held in March 2016, and by the end of 2016, project disbursement in Burundi was only 14 percent. Project implementation increased rapidly once the One-Stop Centers (OSCs), which provide multidisciplinary services to SGBV survivors, were launched in the three target provinces during February 2017, and once non-governmental organizations (NGOs) providing technical assistance to SGBV survivor case management, sensitization on SGBV prevention and women's empowerment were recruited in July 2017.

At the time of the MTR, project implementation had just started, so the project had made limited progress towards its PDOs – only 103 SGBV survivors had received medical treatment, psychosocial, forensic and legal; no poor or vulnerable women had benefited from economic empowerment activities or sensitization activities; and no youth had benefited from reproductive services. Disbursement was at 26 percent. The outcome of the MTR was an extension for eighteen months



to December 31, 2019. Furthermore, the Office of the Second Vice President intervened to mediate between the two coordinating ministries, and a roadmap for improving project coordination was developed. Since the project had just opened the OSCs and put in place NGOs for community-based activities, it was anticipated that the extension would enable full realization of intended project activities, as well as full disbursement of project funds.

Now, with ten months of implementation remaining, substantial progress has been made towards PDOs, with many targets being surpassed. At the end of 2018, the project had reached 143,499 beneficiaries (target 81,793). Furthermore, a series of meetings has taken place between both ministries, with both demonstrating firm commitment to project implementation. The project has made this progress in light of major challenges: in June 2018, the Government of Burundi suspended all international NGOs within the country, so new contracts with project-affiliated NGOs had to be re-negotiated, thereby delaying community-based activities for six months until new contracts were signed in December 2018. In addition, construction of OSCs was suspended while an environmental and safeguards assessment was conducted at a construction site. Both issues have since been resolved. Hence, while project disbursement is currently at 59 percent, the project expects to disburse all funds within the remaining period.

DRC

DRC also experienced major delays in initial project implementation due to coordination challenges. In DRC, project management was initially split between the *Cellule d'Exécution des Financements en Faveur des Etats Fragiles* (CEFEF), a project coordination unit housed at the Ministry of Finance for activities related to component 2 (high impact health services) and the Social Fund of DRC for component 1 (holistic support for survivors of SGBV and violence prevention). Overall coordination of the project was under the responsibility of the CEFEF. During the first two years of the project, services for SGBV were provided at the Centers of Excellence (Heal Africa and Panzi) through component 1. Largely attributed to challenges in project coordination, activities under component 2, including performance-based financing (PBF), did not start until the fourth quarter of 2016. Because of the weak project implementation and limited achievement against results, a level 2 project restructuring was completed in February 2017 to transfer responsibility from CEFEF to the Ministry of Health.¹ The responsibilities of the Social Fund remained the same.

At the MTR during the summer of 2017, project activities had only been operating at full scale for approximately six months. At this time, the project had only reached an estimated 17,450 beneficiaries (target of 540,00 beneficiaries). Disbursement was at 42 percent for multi-sectoral support to survivors of SGBV implemented by the Social Fund, whereas it was only 28 percent for activities implemented by the Ministry of Health. During the MTR, it was evident that coordination had improved under the new management structure. The result of the MTR was therefore an extension for 18 months to December 31, 2019. Both the Government and Project team felt that with the changes in project management, performance of project implementation would improve, and disbursement would accelerate.

Now, 418,626 women have received holistic SGBV services through component 1, and 5,249,830 services have been delivered to beneficiaries through PBF at contracted health facilities (component 2). Disbursement currently stands at 85%percent for activities implemented by the Social Fund and 61% percent for PBF activities implemented by the Ministry of Health. While implementation has improved substantially, overall, the project continues to experience significant challenges in reducing social and cultural barriers to enable survivors of SGBV to access services. This has resulted in a

¹ The Ministry of Health is responsible for component 2 (High Impact Basic Health Services), selected activities of component 1B (Integrated Support for Survivors of SGBV at the Health Facility Level) and selected activities of component 3 (Regional and National knowledge Sharing, Research and Capacity Building). The Ministry of Health is responsible for overall coordination, whereas activity implementation is the responsibility of the designated implementing agencies, which are the Ministry of Health and Provincial Health Directorates, Ministry of Gender, Family and Children, Social Fund, and selected Centers of Excellence.



lower than expected case load at Centers of Excellence, Health Facilities and Local NGOs. The project was aware of these constraints at the MTR. However, since the project had just scaled up at the time of the MTR, the team did not have information on case load to adjust end of project targets. The recently approved (August 2018) DRC Gender Based Violence Prevention and Response Project (P166763) has incorporated lessons learned from the current operation and has included a significant focus on GBV prevention.

Rwanda

Project implementation was initially more rapid in Rwanda than in the other countries. Progress was made during 2015 and 2016 to upgrade 17 OSCs in existing hospitals, as well as a Center of Excellence in Kigali for SGBV survivors, and to establish a management information system to track service delivery for SGBV survivors.

However, during the project's MTR in September 2017, disbursement was at 31 percent and the team concluded that the project was not on track to meet its PDO. At that point, the project had reached 4,658 beneficiaries (initial target 19,800). Challenges identified at the MTR included lack of data against key performance indicators (KPIs), and persistent challenges with overall project management on the part of the Ministry of Gender and Family Promotion, including delays in procurement of key packages and limited ability to coordinate the different implementing agencies. Based on the findings of the MTR, the project was restructured in Rwanda to extend the closing date by 6 months to June 30, 2019, to modify select project activities, and adjust end of project targets.

Following the restructuring, Rwanda is now on track to achieve its PDO. The project has demonstrated improvements in access to services for survivors resulting from completed construction and upgrading of IOSCs by the end of 2017, which substantially increased the number of beneficiaries to 30,532, of which 27,497 are female (as of December 2018; this figure exceeds the original end target of 29,600). However, with a disbursement rate standing at 69 percent in February 2019, a significant level of resources remains to be spent in the final year of implementation. Despite improvements since the MTR, delays in project implementation have impeded completion of several key activities related to the construction and rehabilitation activities for Kacyiru and 5 other OSCs.² The delay in the tender process for Kacyiru and the other OSCs minimizes the likelihood that construction activities will be completed by project closure.

ICGLR

ICGLR has also experienced delays throughout project implementation due in part to a range of external factors, including the conflict and the volatile security environment in Burundi (where the ICGLR is based) during project initiation. Delays within each respective country led to delays in coordination and planning of regional learning events and symposia during the first two years of the project. A key component of project activities with ICGLR includes operationalization of the Regional Training Facility (RTF) to deliver high quality regional training programs. Preliminary efforts to identify qualified firms to facilitate development of relevant curricula and to conduct training of trainers proved challenging, and the ICGLR team ultimately engaged with the Dutch-funded Netherlands Initiative for Capacity Development in Higher Education (NICHE) program to support the project.

Project disbursement for the ICGLR was approximately 40 percent at the MTR. At this point, the team identified challenges with key activities. While a successful first report on monitoring and evaluation indicators of the Kampala Declaration had

² The government is undertaking an extensive upgrading of the Isange OSC (IOSC) in the Kacyiru district hospital to improve and expand service delivery to survivors of GBV. The Kacyiru IOSC, as with the other IOSCs is a multi-disciplinary facility providing psychosocial, medical, police and legal services to adult and child survivors of GBV and child abuse. This upgrading was agreed upon during the Mid Term Review and subsequent restructuring of the project in September 2017.



been compiled, this exercise revealed challenges in continuous monitoring and collection of SGBV data in each Member State (detailed in the Kampala Declaration Report). Since decisions on collection and monitoring of SGBV data are at the discretion of respective Member States (outside the scope of the ICGLR's mandate and budget) and there is limited new data in respective countries, the team concluded that changes in the monitoring report were unlikely over time. The decision was taken during the MTR to discontinue the monitoring reports for the remaining life of the project. Progress was made on the NICHE program by the MTR to support a consortium of actors to partner with the RTF and develop curricula and conduct a training of trainers on SGBV issues. However, the timeline for implementing this training strategy does not allow the full cascading process from trainers to professionals at local levels. Because of these challenges, the MTR of the ICGLR resulted in an initial extension of project activities by 6 months until June 28, 2019.

Disbursement for the ICGLR is currently at 65 percent. More recently, delays have been due to the decision by the Government of Burundi to suspend activities of international NGOs operating within country. These impacted activities related to the development of communications tools in the Great Lakes Region related to SGBV and implementation of the associated sensitization activities. Fortunately, the suspension has been lifted and activities have resumed. However, the delay was sufficiently long to impede realization of the full work program under the current project time frame. In addition, personnel changes, in particular replacement of the Senior Procurement Specialist on the Project team, took longer than anticipated and delayed procurement proceedings of several key activities.



Rationale for project restructuring

The team proposes to further extend the closing dates of the Rwanda and ICGLR components for an additional 6-months to December 31, 2019. The Government of Rwanda has requested the 6-month closing date extension to enable full realization of intended activities and to avoid cancellation of ongoing project activities. This second project closing date extension in Rwanda would also enable continuing delivery of essential services to SGBV survivors through the OSCs and associated health centers. Likewise, ICGLR has requested a second closing date to enable full realization of intended project activities, as well as full disbursement of project funds.

The team also proposes modifications to the Results Framework in Burundi and DRC and for the ICGLR. Modifications to the results framework are needed for three reasons:

1. The initial projections for component 1 in DRC were overestimated because they did not sufficiently consider the social and cultural barriers that prevent SGBV survivors from reaching needed health services. This has resulted in a lower than expected case load at Centers of Excellence, Health Facilities and at the Local NGO level.
2. Technical difficulties in calculating the project indicators for component 2 in DRC and in Burundi. Performance based financing (component 2) in DRC was not rolled out in project facilities until the fourth quarter of 2016. Likewise, service delivery at OSCs in Burundi only began in February 2017. As activities delivered through health facilities scaled up substantially during 2017 and 2018, shortcomings and challenges in tracking KPIs related to service delivery became more apparent. For example, the project team noted large fluctuations in certain indicators, and in 2018, certain prevalence estimates were being reported above 100 percent. A detailed review of the results framework, which included a re-examination of indicator definitions, sources and re-calculation of project results was conducted from November 2018 to February 2019 by the Project Implementing Units in Burundi and DRC, with close support from the World Bank team.
3. The targets were over-estimated for the ICGLR because they did not consider the design complexity of the project, coordination challenges in all countries, and volatile security situation in Burundi where the ICGLR is based.

While restructuring of the Results Framework comes with only ten months remaining in the project, it is primarily a result of the late start of project activities across all countries. During the MTR, the focus was to improve project coordination so that activities could be rapidly scaled up. At this time, the project did not have enough information to adjust end of project targets. Now that activities have been moving rapidly and beneficiaries are being reached, revisions to the results framework are necessary to transparently and accurately document project achievements. A summary of the fully revised results framework with up to date indicators for Burundi and DRC is presented in Annex 1.

II. DESCRIPTION OF PROPOSED CHANGES

The proposed restructuring will introduce the following changes:

- a) **Closing date:** Extension of the closing dates in Rwanda and ICGLR by six months to December 31, 2019.
- b) **Revisions to the Results Framework:**



Indicators to be revised:

- All project indicator definitions and reporting frequencies will be adjusted to ensure that they accurately reflect project reporting.
- End targets will be reduced for the following indicators:
 - **Percentage of reported cases of SGBV who receive emergency kits (post exposure preventive (PEP) kits) within 72 hours (Burundi).** The denominator in Burundi is all survivors of SGBV, whether they arrive at a health facility within the 72-hour window or not. SGBV survivors still face many barriers to reach facilities for treatment within the 72-hour window. By the time that many survivors arrive at the facility, the 72-hour window has passed. Due to the persistent barriers in Burundi, and the lack of ability to track eligible cases that arrive within the 72-hour window, this target will be reduced.
 - **Number of survivors who present themselves at least once to an SGBV case manager trained by the project; survivors receiving psychosocial, legal services, and referral to health services at the community level; number of poor and vulnerable women benefitting from economic empowerment activities; number of persons benefitting from sensitization and advocacy activities to improve awareness and knowledge of SGBV, gender equality and/or reproductive health (DRC):** Targets for activities under component 1A of the project were calculated based on four years of service provision. However, contracts for service delivery had only been signed in November 2016 with services on the ground starting in February 2017. The project has also experienced challenges in addressing social and cultural barriers to accessing such services, which has resulted in a lower than expected case load at Centers of Excellence and local NGOs.
 - **Number of beneficiaries receiving specialized mental health care (DRC):** Service provision through health facilities has been challenging due to the heavy workload of nurses trained on the therapy. For this reason, the project expanded service delivery through community-based organizations, which seems to have a higher level of accessibility.
 - **Number of participants from Member States benefitting from training on SGBV at the RTF (ICGLR):** RTF has not had its own dedicated facilities and maintains a skeleton staff. As such, the number RTF trainings has been fewer than initially envisioned. NICHE-financing has enabled construction of permanent facilities for the RTF, which should increase in the number of trainings feasible. However, the initial target was over-estimated given human and financial resource constraints.
 - **Number of lessons learned, and good practices shared among ICGLR Member States (ICGLR):** Delays in project implementation have contributed to delays in coordination and planning of key learning events, in particular related to the coordination and planning of intended regional learning events and symposia.
 - **Number of Member States or countries using regional SGBV messages developed by the ICGLR:** Delays in the selection of the Implementing Partners organizations have impeded progress towards the indicator.
 - **Number of M&E reports on the progress of the Kampala Declaration published (ICGLR):** Decisions on collection and monitoring of GBV data are at the discretion of respective Member States and outside the



scope of the ICGLR's mandate and budget. The project discontinued development of monitoring reports during the life of the project during the MTR.

- Targets will be increased for the following indicators:
 - **Direct project beneficiaries (DRC):** The original target of 540,000 has been surpassed nearly ten-fold because the indicator definition did not account for the beneficiaries that received services through the PBF package in target zones. The indicator also disaggregated between beneficiaries who receive health services at facilities contracted through performance-based financing, and beneficiaries of holistic support for survivors of SGBV and prevention.
- Indicators to be changed from percentage to number:
 - **Percentage of Training of Trainers training professionals in respective areas of training received in their home country (ICGLR):** This indicator will be changed to a number to represent the volume of professionals trained at training of trainers.
- Baseline to be adjusted for the following indicators:
 - Prevalence of modern contraception use (women between 15-49 years old) (Burundi and DRC)
 - Percentage of pregnant women who receive 4 antenatal care visits (Burundi and DRC)
 - Percentage of births (deliveries) attended by skilled health personnel (Burundi and DRC)
 - New curative consultations per capita per year (DRC)

These indicators are calculated from DRC and Burundi's NHIS. The denominator is estimated as a certain percentage of the target population. This approach has limitations, yet it is used to provide a general estimate of services coverage. When the indicators were re-calculated as a part of the in-depth analysis of the results framework, the baseline values (taken as the annual percentage for 2014) differed from what was originally entered in the PAD. When the baseline is lower than the original baseline presented in the PAD, the team will not change the endline target with the exception of one case (Percentage of pregnant women who receive 4 antenatal care visits in Burundi, as all tracking over the course of the project is lower than baseline). However, if the baseline was higher than what was originally entered in the PAD, the end line target will be increased accordingly. All increases and the one decrease will be calculated as the difference between the original PAD baseline and the revised baseline. Hence, the percentage increase over the life of the project remains the same.

Indicators to be added:

- **Five indicators, which are currently reported as percentages, will also be reported as an annual sum:**
 - Annual number of women aged 15-49 years who use modern contraception (Burundi and DRC)
 - Annual number of pregnant women who receive 4 antenatal care visits (Burundi and DRC)
 - Annual number of deliveries (births) attended by skilled health personnel (Burundi and DRC)
 - Annual number of new curative consultations (DRC)
 - Annual number of identified poor people benefiting of Equity Fund (DRC)



Estimating prevalence without knowledge of the denominator leads to major limitations in the accuracy of the indicator – for example in DRC the percentage of deliveries attended by skilled health personnel was 110 percent in quarter 3 of 2018. While these estimates are important to understand how coverage has changed, they have methodological limitations. Hence, the team proposes to also report these indicators as an annual sum. The end target will be estimated in a manner that is consistent with the original end targets that are expressed as percentages (by multiplying the target percentage by the estimated target population in 2019).

Furthermore, the project currently tracks pregnant women receiving antenatal care during a visit to a health provider in DRC as an intermediate indicator. This indicator is limited because it did not specify women with 4 ANC visits. Since it is the new indicator tracking 4 ANC visits will be added as a PDO indicator, this indicator will be removed.

The project also currently tracks Births (deliveries) attended by skilled health personnel in DRC and Burundi as intermediate indicators. However, the DRC indicator is taken as a cumulative sum and the Burundi target is taken as an annual sum. Both are now reported as an annual sum. The baselines were revised based on the annual number of births reported in the NHIS in 2014 and endline targets will be adjusted to be consistent with the prevalence indicators (and are more ambitious).

- **Percentage of criminal investigations conducted on SGBV cases using reference from one stop centers (Burundi):** the project in Burundi has been tracking this indicator, and it provides insight into the integrated care that SGBV survivors receive through the project.

Indicators to be dropped:

- **Health facilities constructed, renovated, and/or equipped (DRC):** This indicator is not relevant for the context in DRC.
- **Disaggregation by age, sex, refugee/non-refugee status:** Routine data were not available to provide additional details on project indicators disaggregated by these factors.



Burundi Results Indicators

Indicator	Unit	Reference Value	Status Q4 2018	Original Target	Revised Target
A. Project Development Objective Indicators					
1. Direct Project Beneficiaries	#	0	144,435	81,793	N/A
Definition: Cumulative sum of: 1) people who receive services in all health facilities declared competent in SONUB/SONE; 2) survivors of SGBV treated in OSCs; 3) poor and vulnerable people (men, women, youth) who benefit from economic empowerment activities who have not attended the OSCs, 4) people sensitized through the project's communication activities; 5) people sensitized on SGBV laws; 6) people sensitized on reproductive health; 7) people sensitized through NGOs on life skills; 8) young people who benefited from reproductive health services following training and awareness actions; 9) staff involved in SGBV services trained in relevant areas. The same beneficiary may be counted twice if they received more than one distinct service offered by the project. Data source: National Health Information System (NHIS), PNSR, project reports					
1.a Female beneficiaries	#	0	101,104	61,344	N/A
Definition: Due to data limitations, the number of female beneficiaries is estimated at 70 percent of total beneficiaries.					
2. Percentage of reported cases of SGBV who receive emergency kits (PEP) within 72 hours	%	30%	31%	60%	35%
Definition: Numerator is the number of reported cases who received emergency kits within 72 hours during the quarter, denominator is number of SGBV survivors who went to OSC during the quarter Data source: OSC records					
3. Percentage of reported cases of SGBV who receive at least 2 multidisciplinary services as needed (medical, legal and psychosocial)	%	0	87%	75%	N/A
Definition: Numerator is the number of reported cases who reported cases of SGBV who receive at least 2 multidisciplinary services as needed (medical, legal and psychosocial) during the quarter, denominator is number of SGBV survivors who went to OSC during the quarter. Data source: OSC records					
4. Prevalence of modern contraceptive use (women between 15-49 years old)	%	34% (revised from 22%)	44%	31%	43%
Definition: Numerator is number of women who use a modern method of contraception in target areas during the quarter, denominator is the number of women aged 15-49 years in target areas during the quarter. The denominator is estimated at 23.7 percent of the population in the three target provinces. Data source: PNSR and NHIS					
5. Annual number of women aged 15-49 who use modern contraception	#	112,558	153,560	165,860	N/A
Definition: Annual sum of women who use a modern method of contraception in target areas. Data source: NHIS					
6. Percentage of pregnant women who receive 4 antenatal care visits	%	36% (revised from 49%)	40%	64%	51%



Indicator	Unit	Reference Value	Status Q4 2018	Original Target	Revised Target
Definition: Numerator is the number of women who received a 4 th antenatal care visit during the quarter. Denominator is the number of women who gave birth during the quarter. Denominator is estimated at 5 percent of the population in the three provinces. Data source: NHIS					
7. Annual number of pregnant women who receive from 4 antenatal care visits	#	31,622	45,183	52,598	N/A
Definition: Annual sum of women who received a 4 th antenatal care visit. Data source: NHIS					
8. Percentage of births (deliveries) attended by skilled health personnel	%	77% (revised from 73%)	80%	85%	89%
Definition: Numerator is the number of deliveries attended by a skilled health professional during the quarter. Denominator is the number of women who gave birth during the quarter. Denominator is estimated at 5 percent of the population in the three provinces. Data source: NHIS					
9. Annual number of births (deliveries) attended by skilled health personnel	#	67,893	84,074	92,195	N/A
Definition: Annual sum of deliveries attended by skilled health personnel. Data source: NHIS					
B. Intermediate Result Indicators					
10. Reported SGBV cases taken to the prosecutor	#	240	919	1,300	N/A
Definition: Cumulative sum of SGBV cases submitted to the prosecutor from the OSCs Data source: OSC records					
11. Percentage of criminal investigations conducted on SGBV cases using reference from one stop centers	%	0%	33%	34%	
Definition: Numerator is number of criminal investigations conducted on SGBV cases recorded at the OSCs during the quarter. Denominator is total number of survivors who attended the OSCs during the quarter. Data source: OSC records					
11. OSCs set up and/or upgraded and staffed as per guidelines	#	0	3	3	N/A
Definition: Cumulative sum of upgraded or newly built and staffed integrated centers Data source: OSC records					
12. Survivors receiving medical treatment, psychosocial, forensic, and legal services	#	0	2,311	550	N/A
Definition: Cumulative sum of survivors who received planned services at the OSC (medical, psychosocial, forensic or legal) Data source: OSC records					
13. Number of poor and vulnerable women benefitting from economic empowerment activities	#	17,000	21,625	31,600	N/A
Definition: Cumulative sum of poor and vulnerable women who are members of solidarity groups and are receiving credit for their self-development.					



Indicator	Unit	Reference Value	Status Q4 2018	Original Target	Revised Target
Data source: NGO reports					
14. Number of persons benefiting from sensitization and advocacy activities to improve awareness and knowledge of SGBV, gender equality and/or reproductive health	#	2,100	27,633	9,400	N/A
Definition: Cumulative sum of: (1) people sensitized through the awareness NGO, (2) people sensitized through communication activities on the Project, (3) people sensitized on the laws of SGBV, (4) people sensitized on reproductive health, (5) people sensitized on life skills. The same beneficiary may be counted twice if they received more than one distinct service offered by the project. Data source: Reports from sensitization/advocacy sessions					
15. Number of youth who benefit from reproductive health services	#	0	17,884	10,000	N/A
Definition: Cumulative sum of youth who benefit from reproductive health services, including education/sensitization. Data source: Reports from sensitization sessions					
16. Staff involved in SGBV services trained in relevant areas	#	65	936	320	N/A
Definition: Cumulative sum of staff trained in SGBV services, including: magistrates, doctors, health providers, civil society, religious denominations, social workers Data source: Project records					



DRC Results Indicators

Indicator Name	Unit	Reference Value	Status Q3/Q4 2018	Original Target	Revised Target
1. Direct project beneficiaries	#	0	5,668,456	540,000	8,000,000
Definition: Cumulative sum of: 1) Number of services provided through PBF package in target zones, 2) survivors of SGBV accessing holistic services through community based organizations, NGOs or Centers of Excellence; 3) women who benefit from economic empowerment activities 4) survivors benefitting from reinsertion kits; 5) beneficiaries of specialized mental health care; 6) services providers trained on GBV service provision (case management, NET, health); 7) children benefitting from the “ <i>espace ami d’enfants</i> ” and Tuungange school; 8) women receiving gynecological surgical interventions; and 9) participants in awareness-raising activities at a community level. The same beneficiary may be counted twice if they received more than one distinct service offered by the project. Data source: PBF database, <i>Fonds Social République Démocratique du Congo</i> (FSRDC) partners, project reports					
1.a. Female beneficiaries	#	0	1,463,871	405,000	1,900,000
Definition: Cumulative sum of: 1) Number of female beneficiaries who received services included in the PBF package in target health zones, 2) female survivors of SGBV accessing holistic services through CBOs, NGOs or Centers of Excellence; 3) women who benefit from economic empowerment activities (VSLA, AGR, MUSO, CEFEF training); 4) female survivors benefitting from reinsertion kits; 5) women beneficiaries of specialized mental health care (NET/FORNET); 6) female services providers trained on GBV service provision (case management, NET, health); 7) women receiving gynecological surgical interventions; and 9) women participants in awareness-raising activities at community level. Data source: PBF database, FSRDC partners, project reports					
1.b Beneficiaries of holistic support for survivors of SGBV and prevention	#	0	418,626	337,500	N/A
Definition: Same as indicator 1, removing all beneficiaries who received services contract through performance-based financing					
2. Prevalence of modern contraceptive use (women between 15-49 years old)	%	7% (revised from 9%)	13%	18%	N/A
Definition: Numerator is number of women who use a modern method of contraception in target areas during the quarter, denominator is the number of women aged 15-49 years in target areas during the quarter. The denominator is estimated at 21 percent of the population in the target areas. Data source: NHIS					
3. Annual number of women aged 15-49 who use modern contraception	#	38,970	106,236	130,343	N/A
Definition: Annual sum of women aged 15-49 who use modern contraception. Data source: NHIS					
4. Percentage of pregnant women who receive 4 antenatal care visits	%	50% (revised from 41%)	57%	60%	69%
Definition: Numerator is the number of women who received a 4 th antenatal care visit during the quarter. Denominator is the number of women who gave birth during the quarter. Denominator is estimated at 4 percent of the population in the three provinces. Data source: NHIS					



5. Annual number of pregnant women who receive 4 antenatal care visits	#	55,302	95,922	94,569	N/A
Definition: Annual sum of women who received a 4 th antenatal care visit. Data source: NHIS					
6. Births (deliveries) attended by skilled health personnel	%	47% (revised from 74%)	93%	84%	N/A
Definition: Numerator is the number of deliveries attended by a skilled health professional during the quarter. Denominator is the number of women who gave birth during the quarter. Denominator is estimated at 4 percent of the population in the three provinces. Data source: NHIS					
7. Annual number of births (deliveries) attended by skilled health personnel	#	52,050	144,834	115,860	N/A
Definition: Annual sum of deliveries attended by skilled health personnel. Data source: NHIS					
8. Percentage of eligible cases of SGBV who receive emergency kits (PEP) within 72 hours	%	25%	94%	50%	N/A
Definition: Numerator is the number of eligible SGBV survivors who receive emergency kits (PEP) within 72 hours of arriving at a facility during the quarter. Denominator is the number of eligible SGBV survivors who arrive at the health facility or Center of Excellence within 72 hours during the quarter. Data source: NHIS, FSRDC project reports from Centers of Excellence					
9. Percentage of reported cases of SGBV who receive at least 2 multidisciplinary services as needed (medical, legal and psychosocial)	%	50%	68%	75%	N/A
Definition: Numerator is the number of SGBV survivors who receive at least 2 services as needed, including psychosocial, legal or referral to medical services during the quarter. Denominator is the number of SGBV survivors who seek services at community level CBOs/NGOs or Centers of Excellence during the quarter. Data source: FSRDC compilation, project reports from local NGOs and Centers of Excellence					
10. Number of survivors treated in a health facility	#	0	8,471	20,075	10,000
Definition: Cumulative sum of SGBV survivors who are treated in a targeted health facility Data source: NHIS					
11. Average availability of essential tracer drugs at health facilities	%	63%	85%	80%	N/A
Definition: Numerator is sum of availability scores at health facilities targeted by project during the quarter. Denominator is number of health facilities targeted by the project during the quarter. Data source: PBF database					
12. New curative consultations per capita per year	%	22% (revised from 54%)	64%	65%	N/A
Definition: Numerator is the number of new curative consultations in target population during the quarter. Denominator is total target population during the quarter.					



Data source: NHIS					
13. Annual number of new curative consultations	%	615,397	2,178,125	2,241,340	N/A
Definition: Annual sum of new curative consultations in target population. Data source: NHIS					
14. Average quality score at health facilities	%	No Data	78%	85%	N/A
Definition: Numerator is sum of quality scores at health facilities targeted by project during the quarter. Denominator is number of health facilities targeted by the project during the quarter. Data source: PBF database					
15. Percentage of identified poor people benefiting of Equity Fund	%	0%	45%	30%	N/A
Definition: Numerator is number of identified poor people who benefited from health services through equity fund during the quarter. Denominator is number of poor people, estimated at 5 percent of the target population. Data source: PBF database					
16. Annual number of identified poor people benefiting of Equity Fund	%	0	37,666 (through quarter 3)	51,723	N/A
Definition: Annual sum of identified poor people who benefited from health services through equity fund. Data source: PBF database					
17. Health facilities constructed, renovated, and/or equipped	#	0	0	180	Remove indicator
This indicator is not relevant for the context in DRC.					
18. Health personnel receiving training	#	0	2,560	400	N/A
Definition: Cumulative sum of personnel who received training through the project on PBF Data source: Provincial health department reports in North and South Kivu, EUP FASS NK, AAP Sud Kivu					
19. Number of survivors who present themselves at least once to an SGBV case manager trained by the project	#	0	12,300	27,060	16,913
Definition: Cumulative sum of survivors who access holistic/case management services through CBO focal points or Centers of Excellence. This indicator excludes legal services, as these are provided by legal experts rather than case managers. Data source: Social fund, local holistic NGOs, Centers of Excellence project reports					
20. Number of beneficiaries receiving specialized mental health care	#	0	1,174 Narrative Exposure Therapy: 492 FORNET: 682	6,975	727³
Definition: Cumulative sum of beneficiaries receiving NET or FORNET specialized mental health care through trained therapists at health facilities, Centers of Excellence or CBOs. Data source: FSRDC - project reports from VIVO and Centers of Excellence					

³Target was established for Narrative Exposure Therapy only



21. Survivors receiving psychosocial, legal services, and referral to health services at the community level	#	0	16,505	29,660	18,538
Definition: Cumulative sum of survivors who access at least one psychosocial, legal or medical referral service through local NGOs or Centers of Excellence. This includes services provided at both CBOs and legal NGOs. Data source: FSRDC - Local NGOs including legal, Centers of Excellence project reports					
22. Number of poor and vulnerable women benefitting from economic empowerment activities	#	0	3,833	13,530	8,456
Definition: Cumulative sum of women who are members of VSLAs and MUSOs savings and credit groups, CBO members trained on business skills. Data source: FSRDC - Local holistic NGOs, Centers of Excellence project reports					
23. Number of persons benefiting from sensitization and advocacy activities to improve awareness and knowledge of SGBV, gender equality and/or reproductive health	#	0	368,189	1,260,000	787,500
Definition: This is the total community members (including local leaders, CBO members, and general community) who participated in community awareness raising activities, including behavior change activities such as EMAP and gender discussion groups. Data source: FSRDC - Local holistic NGOs, Centers of Excellence, VIVO project reports					



ICGLR Results Indicators

Indicator Name	Unit	Reference Value	Status Q3 2018	Original Target	Revised Target
Number of participants from Member States benefitting from training on SGBV at the RTF	#	0	516	1400	1000
Number of Master and National trainers participating in Training of Trainers (ToTs) in respective areas/sector of training received in their respective home country (change from original indicator)	#	0	0	70 percent	100 people
Number of lessons learned, and good practices shared among ICGLR Member States	#	0	0	8	6
Number of Member States or countries using regional SGBV messages developed by the ICGLR	#	0	3	12	3
Number of M&E reports on the progress of the Kampala Declaration published	#	0	1	4	1

III. SUMMARY OF CHANGES

	Changed	Not Changed
Results Framework	✓	
Loan Closing Date(s)	✓	
Implementing Agency		✓
DDO Status		✓
Project's Development Objectives		✓
Components and Cost		✓
Cancellations Proposed		✓
Reallocation between Disbursement Categories		✓
Disbursements Arrangements		✓
Disbursement Estimates		✓
Overall Risk Rating		✓
Safeguard Policies Triggered		✓
EA category		✓



Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Implementation Schedule		✓
Other Change(s)		✓
Economic and Financial Analysis		✓
Technical Analysis		✓
Social Analysis		✓
Environmental Analysis		✓

IV. DETAILED CHANGE(S)**LOAN CLOSING DATE(S)**

Ln/Cr/Tf	Status	Original Closing	Revised Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IDA-55250	Effective	30-Jun-2018	28-Jun-2019	31-Dec-2019	30-Apr-2020
IDA-H9780	Effective	30-Jun-2018	31-Dec-2019		
IDA-H9790	Effective	30-Jun-2018	30-Jun-2019	31-Dec-2019	30-Apr-2020
IDA-H9800	Effective	30-Jun-2018	31-Dec-2019		



Results framework

COUNTRY: Africa

AFR RI- Great Lakes Emergency Sexual and Gender Based Violence & Women's Health Project

Project Development Objectives(s)

The objectives of this project are to: (i) expand the provision of services to mitigate the short and medium term impact of sexual and gender based violence; and (ii) expand utilization of a package of health interventions targeted to poor and vulnerable females.

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	DLI	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Service provision to survivors of GBV								
Percentage of eligible cases of SGBV who receive emergency kits (PEP) within 72 hours, DRC (Percentage)		25.00						50.00
Action: This indicator has been Revised								
Percentage of reported cases of SGBV who receive emergency kits (PEP) within 72 hours, Burundi (Percentage)		30.00						35.00
Action: This indicator has been Revised								
Percentage of reported cases of SGBV who receive emergency kits (PEP) within		30.00	30.00	30.00	34.00	38.00	42.00	42.00



Indicator Name	DLI	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
72 hours, Rwanda (Percentage)								
Percentage of reported cases of SGBV who receive at least 2 multidisciplinary services as needed (medical, legal and psychosocial), DRC (Percentage)		50.00						75.00
Action: This indicator has been Revised								
Percentage of reported cases of SGBV who recieve at least 2 multidisciplinary services as needed (medical, legal and psychosocial), Burundi (Percentage)		0.00						75.00
Action: This indicator has been Revised								
Percentage of reported cases of SGBV who receive at least 2 multidisciplinary services as needed (medical, legal and pshychosocial), Rwanda (Percentage)		20.00	20.00	40.00	100.00	100.00	100.00	100.00
Utilization of a package of health interventions								



Indicator Name	DLI	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Direct project beneficiaries (Number)		0.00						8,448,893.00
Action: This indicator has been Revised								
Direct project beneficiaries, DRC (Number)		0.00						8,000,000.00
Action: This indicator has been Revised								
Beneficiaries accessing holistic sexual and gender based violence services, DRC (Number)		0.00						337,500.00
Action: This indicator is New								
Female beneficiaries (DRC) (Number)		0.00						1,900,000.00
Action: This indicator has been Revised								
Direct project beneficiaries, Rwanda (Number)		0.00	0.00	0.00	6,398.00	17,600.00	29,600.00	29,600.00
Female Beneficiaries (Rwanda) (Number)		0.00						23,000.00
Direct Project Beneficiaries, Burundi (Number)		0.00						81,793.00



Indicator Name	DLI	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Action: This indicator has been Revised								
Female beneficiaries (Burundi) (Number)	0.00							61,344.00
Action: This indicator has been Revised								
Prevalence of modern contraceptive use (women between 15-49 years old), DRC (Percentage)	7.00							18.00
Action: This indicator has been Revised								
Prevalence of modern contraceptive use (women between 15-49 years old), Burundi (Percentage)	22.00							31.00
Action: This indicator has been Marked for Deletion								
Annual number of women aged 15-49 who use modern contraception, DRC (Number)	38,970.00							130,343.00
Action: This indicator is New								



Indicator Name	DLI	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Percentage of pregnant women who receive 4 antenatal care visits, DRC (Percentage)		50.00						69.00
Action: This indicator has been Revised								
Percentage of pregnant women who benefit from 4 antenatal care visits, Burundi (Percentage)		49.00						64.00
Action: This indicator has been Marked for Deletion								
Annual number of women who receive 4 antenatal care visits, DRC (Number)		55,302.00						94,569.00
Action: This indicator is New								
Percentage of births (deliveries) attended by skilled health personnel, DRC (Percentage)		47.00						84.00
Action: This indicator has been Revised								
Births (deliveries) attended by skilled		72.90						85.00



Indicator Name	DLI	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
health personnel), Burundi (Percentage)								
Action: This indicator has been Marked for Deletion								
Annual number of births (deliveries) attended by skilled health personnel, DRC (Number)		52,050.00						115,860.00
Action: This indicator is New								
Prevalence of modern contraceptive use (women between 15-49 years old), Burundi (Percentage)		34.00						43.00
Action: This indicator is New								
Annual number of women aged 15-49 who use modern contraception, Burundi (Number)		112,558.00						165,860.00
Action: This indicator is New								
Percentage of pregnant women who receive 4 antenatal care visits, Burundi (Percentage)		36.00						51.00



Indicator Name	DLI	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Holistic Support for Sexual and Gender Based Violence and Violence Prevention								



Indicator Name	DLI	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Number of survivors who present themselves at least once to a SGBV case manager trained by the project, DRC (Number)		0.00						16,913.00
Action: This indicator is New								
Number of survivors treated in a health facility, DRC (Number)		0.00						10,000.00
Action: This indicator has been Revised								
Number of beneficiaries receiving specialized mental health care, DRC (Number)		0.00						727.00
Action: This indicator has been Revised								
Survivors receiving psychosocial, legal services, and referral to health services at the community level, DRC (Number)		0.00						18,538.00
Action: This indicator has been Revised								
Survivors of GBV referred to health facilities (Number)		0.00						4,000.00



Indicator Name	DLI	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Action: This indicator has been Revised								
Survivors of GBV receiving psychosocial care (Number)		0.00						2,500.00
Action: This indicator has been Revised								
Survivors of GBV accessing legal aid services (Number)		0.00						12,038.00
Action: This indicator has been Revised								
Number of poor and vulnerable women benefitting from economic empowerment activities, DRC (Number)		0.00						8,456.00
Action: This indicator has been Revised								
Number of persons benefiting from sensitization and advocacy activities to improve awareness and knowledge of SGBV, gender equalityand/or reproductive health, DRC (Number)		0.00						787,500.00



Indicator Name	DLI	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Action: This indicator has been Revised								
Number of poor and vulnerable women benefitting from economic empowerment activities,Burundi (Number)		17,000.00						31,600.00
Action: This indicator has been Revised								
Survivors receiving medical treatment, psychosocial, forensic, and legal services, Burundi (Number)		0.00						550.00
Action: This indicator has been Revised								
Number of persons benefiting from sensitization and advocacy activities to improve awareness and knowledge of SGBV, gender equalityand/or reproductive health,Burundi (Number)		2,100.00						9,400.00
Action: This indicator has been Revised								



Indicator Name	DLI	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Reported SGBV cases taken to the prosecutor, Burundi (Number)		240.00						1,300.00
Action: This indicator has been Revised								
Percentage of criminal investigations conducted on SGBV cases using reference from one stop centers, Burundi (Percentage)		0.00						34.00
Action: This indicator is New								
OSCs set up and/or upgraded and staffed as per guidelines, Burundi (Number)		0.00						3.00
Action: This indicator has been Revised								
Staff involved in SGBV services trained in relevant areas, Burundi (Number)		65.00						320.00
Action: This indicator has been Revised								
OSCs set up and/or upgraded and staffed as per guidelines, Rwanda (Number)		0.00						17.00



Indicator Name	DLI	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Survivors receiving medical treatment, psychosocial, and forensic services, Rwanda (Number)		0.00	0.00	0.00	6,398.00	17,600.00	29,600.00	29,600.00
Survivors receiving legal services, Rwanda (Number)		0.00	0.00	0.00	122.00	610.00	610.00	610.00
Reported SGBV cases taken to the prosecutor, Rwanda (Number)		6,840.00	6,840.00	6,840.00	8,249.00	10,524.00	12,866.00	12,866.00
Sensitization and advocacy activities to promote gender equality implemented, Rwanda (Number)		0.00	0.00	0.00	8.00	8.00	8.00	8.00
Couples trained on GBV prevention using Agents of Change methodology, Rwanda (Number)		0.00	0.00	0.00	640.00	640.00	640.00	640.00
Staff involved in SGBV services trained in relevant areas, Rwanda (Number)		0.00	0.00	0.00	79.00	230.00	230.00	230.00
Impact evaluation baseline and endline data collected, Rwanda (Yes/No)		No	No	No	No	No	Yes	Yes
High Impact Basic Health Services								



Indicator Name	DLI	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Births (deliveries) attended by skilled health personnel (number) (Number)		83,834.00						417,571.00
Action: This indicator has been Marked for Deletion								
Births (deliveries) attended by skilled health personnel, DRC (Number)		59,700.00						337,200.00
Action: This indicator has been Marked for Deletion								
Births (deliveries) attended by skilled health personnel, Burundi (Number)		24,134.00						80,371.00
Action: This indicator has been Marked for Deletion								
Average availability of essential tracer drugs at health facilities, DRC (Percentage)		63.00						80.00
Action: This indicator has been Revised								
People who have received essential health, nutrition,		0.00						333,737.00



Indicator Name	DLI	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
and population (HNP) services (CRI, Number)								
Action: This indicator has been Revised								
Number of deliveries attended by skilled health personnel (CRI, Number)		0.00						333,737.00
New curative consultations per capita per year, DRC (Percentage)		22.00						65.00
Action: This indicator has been Revised								
Annual number of new curative consultations, DRC (Number)		615,397.00						2,241,340.00
Action: This indicator is New								
Average quality score at health facilities (PBF check list), DRC (Percentage)		0.00						85.00
Action: This indicator has been Revised								
Percentage of identified poor people benefiting of Equity Fund, DRC (Percentage)		0.00						30.00



Indicator Name	DLI	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Action: This indicator has been Revised								
Annual number of identified poor people benefiting of Equity Fund, DRC (Number)		0.00						51,723.00
Action: This indicator is New								
Health personnel receiving training, DRC (Number)		0.00						400.00
Action: This indicator is New								
Number of youth who benefit from reproductive health services, Burundi (Number)		0.00						10,000.00
Action: This indicator has been Revised								
Regional Networking, Knowledge Sharing, Capacity Building and Research								
Number of participants from ICGLR Member States benefitting from training on SGBV at the Regional Training Facility, ICGLR (Number)		0.00						1,000.00



Indicator Name	DLI	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Action: This indicator has been Revised								
Number of Master and Natrional trainers participating in Trainers of Trainers in respective areas of training received in their respective home country, ICGLR (Number)		0.00						100.00
Action: This indicator has been Revised								
Number of lessons learned and good practices shared among ICGLR member states, ICGLR (Number)		0.00						6.00
Action: This indicator has been Revised								
Number of member states countries using regional SGBV messages developed by the ICGLR, ICGLR (Number)		0.00						3.00
Action: This indicator has been Revised								
Number of M&E reports published of the progress of the Kampala Declaration published, ICGLR (Number)		0.00						1.00



Indicator Name	DLI	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Action: This indicator has been Revised								
Program Management								
Annual disclosed unqualified external financial audit with the ICGLR annual budget (planned and executed), ICGLR (Number)		0.00						3.00



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